

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAY 21 1945

Registration District No. 1003 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5075 Cates Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ann Marshall

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Marshall

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 7 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>6</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Blodgett Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER

12. Name Henry Watson

13. Birthplace Blodgett Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jane Dennis

15. Birthplace Blodgett Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Naoma Marshall

(b) Address 5075 Cates Ave.

17. (a) Burial (b) Date thereof 5-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (c) Signature of funeral director Albert H. Hoppe

(d) Address 4700 Washington Blvd.

19. (a) MAY 8 1945 (b) J. F. Gredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5075 Cates Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1945 hour 4:28 minute P. M.

21. I hereby certify that I attended the deceased from May 7 1945 to May 7 1945
that I last saw her alive on May 7 1945 and that death occurred on the date and hour stated above.

Immediate cause of death,	Duration
<u>Cardiac decompensation</u>	<u>8 hr.</u>
Due to <u>Infirmitates of age</u>	<u>6 mo</u>
Due to <u>Arterio sclerosis</u>	<u>2 yrs.</u>
Other conditions (Include pregnancy within 3 months of death)	

Major findings: 95c

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Francis Conway M. D. or other Med
Address 1289 N. English highway Date signed 5/8/45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.